

# APMLA Newsletter

Volume 5, Issue 1



APMLA Annual General Meeting &

12th INPALMS in Bali

ASEANAPOL

Cyclone Winston

Eurocopter AS350

APMLA Working Groups



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## Message from the APMLA Chairman

### Dear APMLA Members and colleagues

I am very pleased to welcome you to our July APMLA Newsletter which has lots of interesting news on forensic matters from our region. I am pleased to note that most of the Working Groups have made some progress in planning and moving forward and I thank you for your efforts. See the newsletter for more details. I hope that when we next meet for the APMLA Annual General Meeting in Bali in September this year all of the Working Groups will be active and making further progress. We will review the Working Group effectiveness at the AGM.

It is also pleasing to see that APMLA member institutions are starting to more actively contribute news to the Newsletter. It is wonderful to hear about forensic medical developments in Sri Lanka and Nepal in this issue. We encourage you to send updates on events or developments of interest to our Secretary and Newsletter editor, Dr Panjai Woharndee at [wpanjai@hotmail.com](mailto:wpanjai@hotmail.com)

In this issue we also launch our first Member Profile which is on the Department of Forensic Medicine, Yenepoya University in India which is developing some exciting training programs through international partnerships.

I have had the pleasure of undertaking a visit to ASEANAPOL headquarters here in Kuala Lumpur on 18th December 2015 where I discussed the need for training in Dead Body Management for ASEAN police first responders. We are hoping that we will be able to move forward with this. The VIFM has submitted a proposal for the Australia-ASEAN Council which would support the initial collaborative development and trial of a training program. So we will wait to see if this is successful. If not we will find another way.



At the end of May in Malaysia we held our annual National Convention on Forensic Medicine. This three - day event covered a range of forensic medical issues and developments and bring together forensic medical practitioners from across the nation. I will provide a report on the Convention in the next Newsletter.

In June I attended the International Academy of Legal Medicine (IALM) Symposium for which our former Chair, Dr. Nak-Eun Chung has organized an APMLA Workshop.

We will report on this in the next issue.

I would like to take this opportunity to also congratulate Dr. Nak-Eun Chung and the Republic of Korea's National Forensic Service on the publication of an English edition of a DVI Manual called Waiting and Condolence which provides a comprehensive, illustrated guide to the human identification process. Dr Chung has very kindly distributed many copies.

Again I thank those of you who are members of Working Groups and I look forward to seeing more progress across the eight thematic topics which include:

- Management of Body Parts
- Management of International Assistance / Teams
- Training in Dead Body management for First Responders
- Planning for Temporary Body Storage
- Guidelines/Protocols for the Management of the Dead in all Situations
- Advocacy for Forensic Medical Capacity Development in the Region
- Torture and Custodial Deaths
- Medico-Legal Investigation of Sexual Violence

**All the best until the next issue.**

**Dr Mohd Shah Mahmood**

**APMLA Chairman**





# Secretary Report

**Dear Friends and colleagues,**

At the American Academy of Forensic Sciences (AAFS) 68th Annual Scientific Meeting which was held between 22nd -27th February 2016 at the Rio All Suite Hotel, Las Vegas, Nevada, I was honoured to be a guest speaker on behalf of Professor Stephen Cordner, VIFM on the section of the AAFS Humanitarian and Human Rights Resource Center. Over 800 participants attended the overall meeting.

The AAFS Humanitarian and Human Rights Resource Center was recently inaugurated in 2015. The Center promotes the application of contemporary forensic science and forensic medicine principles to global humanitarian and/or human rights projects through the utilisation of AAFS assets. The AAFS has acknowledged the APMLA as one of the key practitioners thus Professor Cordner had been invited to give a talk on the title "Humanitarian Forensic Science in the Asia Pacific-Recent Developments and Challenges"

The presentation comprised three parts: the first part outlined the reasons why the Asia Pacific region is the world's most disaster prone. The second part introduced the audience to the regional infrastructure challenges in particular those related to limited forensic medical expertise and the necessity to train the first responders for dead body management. The final part was an overview of the progress and development of the APMLA and some suggestions of contributions from the audience.

From 2005-2014 the Asia Pacific region experienced 1,625 disaster events which killed more than half a million people and affected a staggering 1.4 billion-60% of the world's disaster-related deaths and 80% of disaster-affected populations. These disasters cost an estimated US\$523 billion in damages whereas the Asia Pacific is home to more than half of the world's poorest people. In global terms the region is home for 4.2 billion people or more than 60% of the world's population.

The biggest destroyers of lives and property are earthquakes, the most recent occurred in Nepal and tsunamis which are triggered by earthquakes. These are followed by storms and typhoons and floods. The region also experiences severe droughts and heat waves which kill people and stock and affect livelihoods. The area also experiences plane crashes, ferry sinkings, deaths related to clandestine border and ocean crossings, building collapses and terrorist attacks. When there are thousands of dead from a catastrophic event, it is virtually impossible to undertake an Interpol-style DVI approach regardless of the location.

The region's ability to cope with managing and identifying the dead caused by these disasters usually has the police as the lead agency and sometimes the army. The Interpol DVI process has been employed in some cases with varying degrees of knowledge and familiarity from nation to nation. Nonetheless, the scales of those catastrophic events with significant casualties pose a challenge even in western nations. Most nations in the region struggle to have trained forensic medical staff and laboratories needed to meet day to day death investigations. They are not able to cope with major casualty events. In these instances the PAHO/WHO/ICRC Management of Dead Bodies after Disasters is a better approach.

One of the challenges is that international aid is focused in large part on emergency response and rehabilitation rather than prevention and preparedness. Disaster planning and response capabilities vary hugely across the region but most nations in the region have poor disaster response capabilities.



There are recommendations of how limited funding spent on training small group of forensic doctors in each nation can deliver significant impact:

1. Improving forensic medical expertise which is a foundation of effective and reliable justice system.
2. The national policies addressed at prevention of disaster-related death have to be built upon valid and reliable information of the cause of death. Therefore the mortuary surveillance system should be established to contribute to public health outcomes.
3. Improving capacity to respond to mass casualties in the event of a disaster.

At regional level, the establishment of the APMLA in 2012 was one of the most important developments. Currently there are 20 institutional members from 17 nations. This includes agencies from Australia, Cambodia, China, Fiji, India, Indonesia, Japan, Malaysia, Myanmar, Nepal, Papua New Guinea, Philippines, Solomon Islands, Thailand, Timor Leste and Vietnam. The APMLA is also networking and maintaining close liaison with relevant agencies such as the ICRC and National Red Cross societies. There are also 8 working groups developed in the last meeting to discuss on single key forensic medical issues.

I would like to thanks Professor Cordner and Dr. Elizabeth Manning from the VIFM for the material and the opportunity.

Furthermore, Professor Santo Davide Ferrara, the IALM President had kindly sent a letter to Dr. Mohd Shah to inform about the IALM Intersocietal Symposium, entitled "P5 Medicine and Justice". The symposium was held in Venice, Italy during 21st -24th June in which the APMLA members took part in organising a workshop. The IALM President had planned to constitute a Board of Regional Representatives comprised of the Presidents of the various National Societies and/or Academic Bodies. We look forward to see the outcome of the symposium on the next issue of the Newsletter.

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# ASEANAPOL NEWS

Dr. Mohd Shah Mahmood, Major General Dato, Dr. Mohd Ilham Haron and Dr. Ahmad Hafizam Hasmi paid a visit to the ASEANPOL Secretariat to initiate a dialogue to explore the possibility of cooperation between the APMLA and ASEANPOL. The visit was a follow-up to ASEANPOL's participation at the ICRC workshop on the Management of the Dead and Disasters, in concordance with the APMLA Annual General Meeting held in JCLEC, Semarang Indonesia between 21st - 23rd September 2015.

The ASEANPOL Secretariat was in the process of obtaining consensus from member countries on its approval to form relationship with the APMLA in the light of a positive collaboration generated for the mutual benefit of the recently formalized ASEAN Police Forensic Science Network (APFSN).





# REPORT ON THE CYCLONE WINSTON

**Dr. James Kalougivaki, head of the Fiji Police Force's Pathology Unit, Fiji**

This was a category 5 system that was one of the most powerful ever in the region and it hit Fiji on February 20th with winds of up to 330 kilometres per hour.

Cyclone Winston's destruction left over 55,000 people sheltering in 875 evacuation centers that were set up in Fiji for nearly two weeks.



Total number of deaths due to Cyclone Winston were 44 as confirmed from National Disaster Management Office and listed below is the distribution of death per major divisions in Fiji:

*o Northern- 2;*

*o Western- 11;*

*o Eastern- 22;*

*o Central- 9.*

There were 4 autopsies conducted out of the 44 deaths and listed below is the distribution of death per major divisions in Fiji:

*o Western -3;*

*o Central -1;*

*o Northern -1.*



The cause of death included the multiple traumatic injuries that were due to the destruction caused by Cyclone Winston. The death certificate was done by Medical Officers with the assistance of Police Officers investigation in the respective areas who confirmed the circumstances surrounding the deaths. The certification was completed through consultation with the Forensic Pathologist. Disaster Victim Identification was not a problem as deceased bodies were retrieved early, identified and buried after the certification of death.

This manner of dead body management was appropriate as the areas affected were remote and inaccessible after the cyclone. Additionally, this aided the completion of the medico-legal investigation of the death under the direction of the nation's Inquests Act.

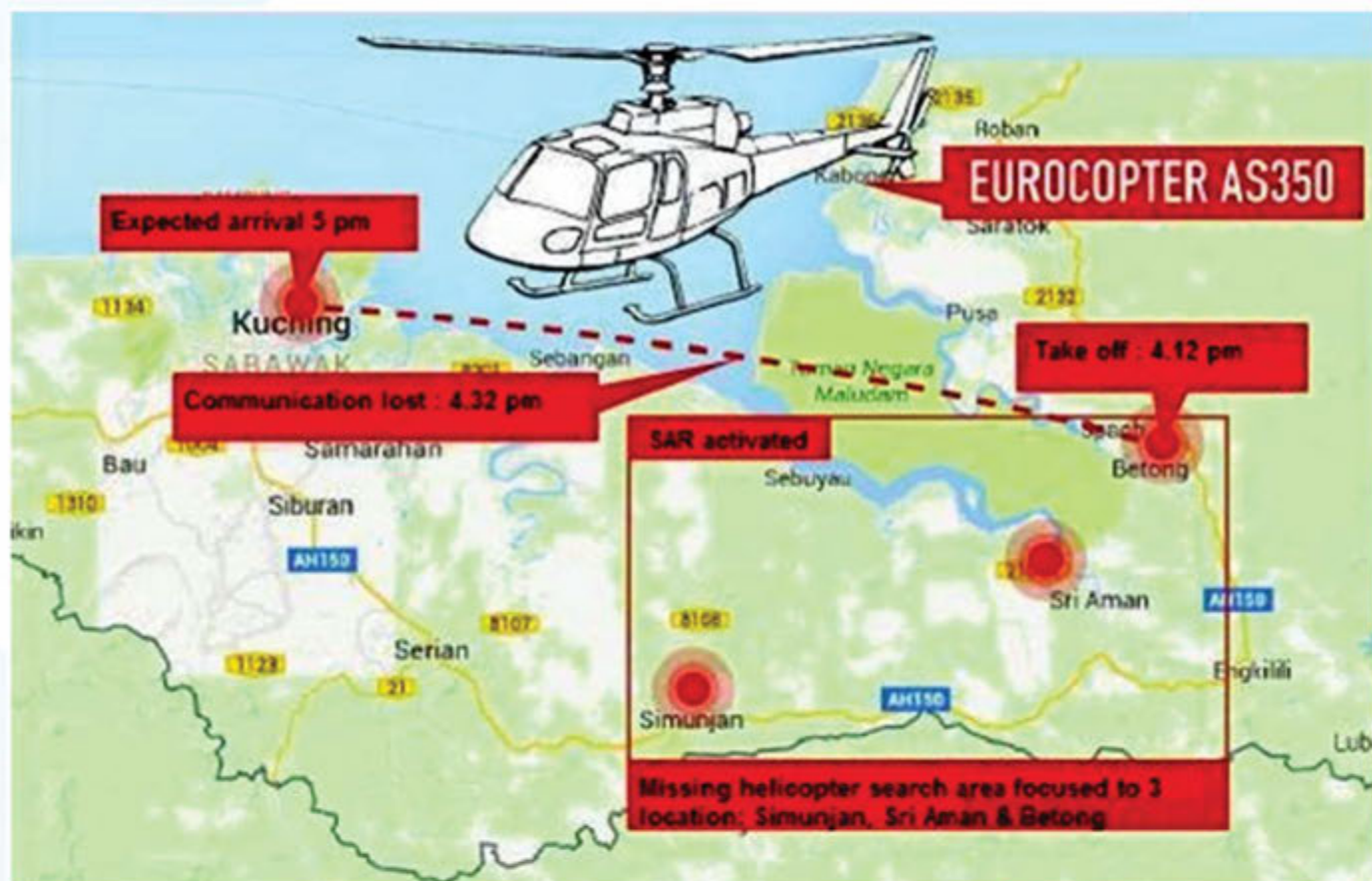


## **DVI Operation: Eurocopter AS350 crashed in Sarawak, Malaysia**

**By Khoo Lay See, Forensic Science Officer, National Institute of Forensic Medicine, Malaysia**

On May 5th a Eurocopter carrying five Malaysian passengers and a pilot (a Philippines national) went missing over the jungles of Sebuyau, approximately 80 km from Kuching, the capital city of Sarawak, in East Malaysia. The helicopter operated by Hornbill Skyways left Betong at 4.12 pm on the 5th of May. Those on board comprised some very senior public officials including a Malaysian Government Deputy Minister, her spouse, a Member of Parliament and a Ministry Secretary-General.

The helicopter disappeared from Air Traffic Control Centre radar 20 minutes after its departure. A search and rescue operation was launched with first responders from Fire and Rescue, Civil Defence, the Malaysia Armed Forces and the Royal Malaysia Police. Rescuers focused the search on three areas, Betong, Sri Aman and Simunjan. When helicopter wreckage was found the search and rescue operation was converted into a search and recovery operation. The first victim was found in Sungai Lingga, Batang Lupar on the 6th of May 2016.



**Figure 1: Overview of the incident**

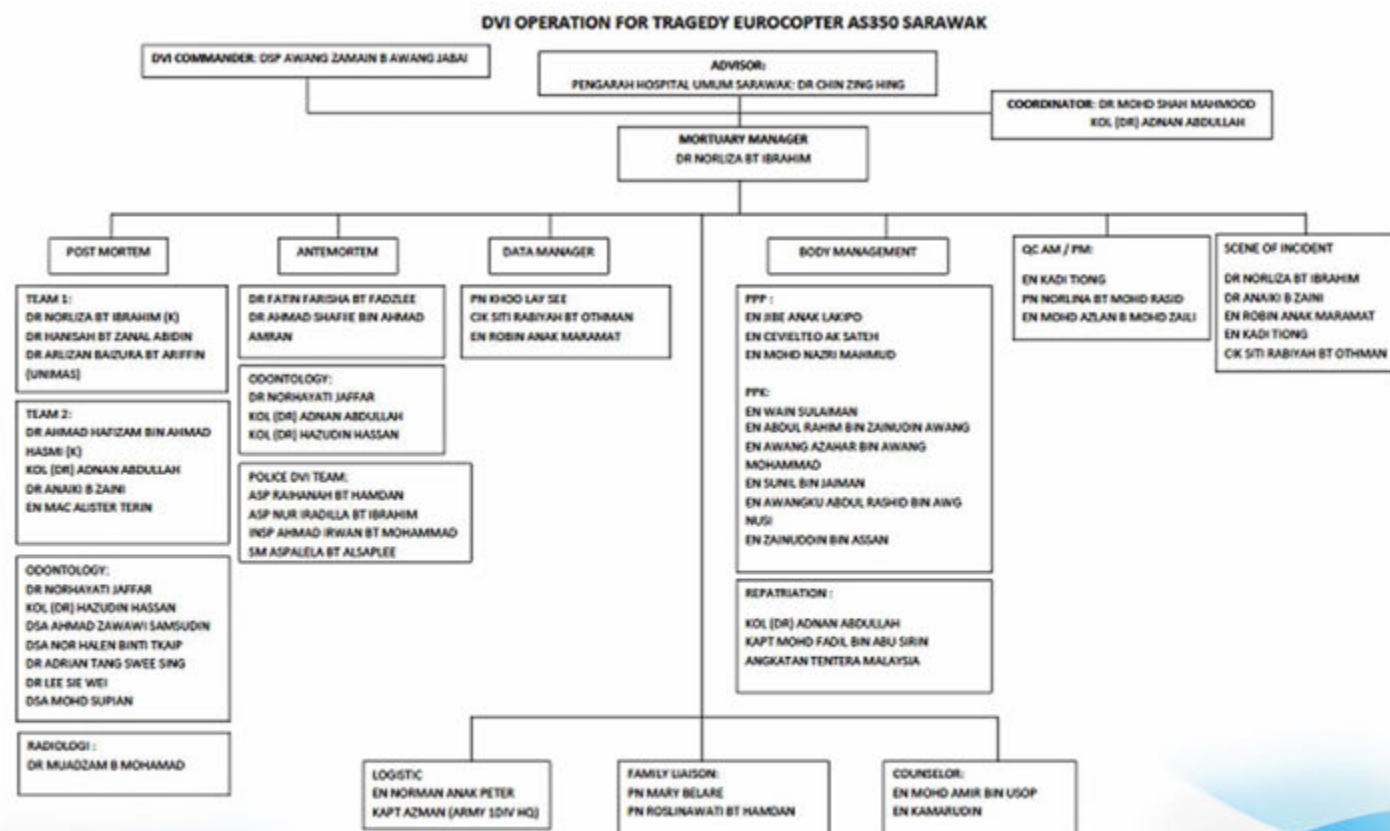


The search and recovery operation was challenging as Batang Lupar is a crocodile habitat. The huge river entrance is also known for its rapid incoming tide which forms waves that travel up the river against the direction of the river current. The search and recovery was narrowed to the Batang Lupar vicinity and four more victims were recovered from the river on the 7th of May with the final victim, the pilot, recovered on the 9th of May.

As the search and rescue was initiated, the Disaster Victim Identification (DVI) operation was also triggered and the DVI team was notified and mortuary arrangements were put in place. A DVI team headed by the NIFM Director and APLMA Chair, Dr. Mohd Shah, flew from Kuala Lumpur to Kuching, Sarawak to undertake the DVI operation. The priority was to identify the victims, determine the cause of death to facilitate the police investigation and liaise with family members and next-of-kin.

Postmortem reports by forensic pathologists are critical for the investigation of aviation accidents because disease or consumption of alcohol or illegal drugs can be ruled in or out as relevant contributing factors.

The DVI operation was divided into four phases, which were the Scene and Recovery, Post-mortem (PM) examination, Ante-mortem (AM) information gathering and Reconciliation. Expert teams from various agencies covered the disciplines of Forensic Pathology, Fingerprints, Forensic Odontology, Radiology and DNA. The mortuary operation was undertaken in the Department of Forensic Medicine, General Hospital Kuching, under the management of the mortuary manager. A DVI organisation chart was developed to make roles, functions and responsibilities clear to all team members. See next page.



**Figure 2: Organisation Chart – Mortuary Operation**



The DVI operation was successfully completed over a four - day period from 6th - 9th May. All victims were successfully identified by the primary identifiers; fingerprints and dental AM-PM comparisons. Fingerprint comparison gave a positive match within five minutes for the first five victims. Note that Malaysian citizens have fingerprint records (thumbprint) on file with the National Registration Department. For foreign nationals, the Immigration Department will record both index fingers only.

All of the bodies were in a state of advanced decomposition with crush facial and body injuries which precluded visual recognition by family members. However, secondary identifiers such as a unique carved ring with initials, a Malaysian Identity Card in a wallet and a shirt embroidered with a name were also recovered in this operation. Without the need to wait on DNA analysis results, all victims were identified and repatriated back to their hometowns for burial ceremonies with the assistance of the Royal Malaysia Air Force.

Every disaster provides a new learning experience. Excellent coordination between all agencies involved was evidenced in this DVI response, and in particular between the site search and recovery team and the mortuary-based DVI team and support staff who liaised with media, special visitors and family members. Team members from different agencies and locations worked together with one focus which was the efficient and effective identification of the victims. I would like to thank all involved in this operation for their outstanding cooperation.



## **Report on the workings of the Department of Forensic Medicine, Maharajgunj Medical Campus**

### **Dr. Rijen Shrestha Department of Forensic Medicine Institute of Medicine, Nepal**

The Department of Forensic Medicine is responsible for most of the medico-legal cases and for education of medical students in the three districts that make up Kathmandu Valley, namely, Lalitpur, Bhaktapur and Kathmandu. The Department is also actively involved in the conducting of medico-legal trainings and for DVI operations throughout Nepal.

**Medical Training:** In the Nepalese year 2072 BikramSambat, corresponding to April 2015 – April 2016, in addition to DVI operations following the earthquake and two plane crashes, the Department was involved in training undergraduate medical students from six medical colleges (more than 550 medical students) and one dental college (more than 50 students). These students undertake a compulsory two-week rotation during the third year of medical school and observe and assist in medico-legal autopsies and clinical forensic cases including age estimations, sexual assault victim and perpetrator examinations.

**Police Training:** During the year, the department conducted nine medico-legal training sessions for more than 200 police officers. The department also conducted three medico-legal workshops for government medical officers. This is an ongoing program, run with assistance from our Ministry of Health and Population. It includes 14 days of training with lectures and practical sessions. Senior government officials including lawyers, judges and police officers provide lectures and undertake discussions with medical officers. One of workshops for government medical officers focused on the medico-legal investigation of gender-based violence and sexual assault.

**Judiciary:** The Department assisted in two medico-legal week-long training sessions at the National Judicial Academy with Departmental staff providing lectures and chairing discussions for 25 District Court Judges and 25 Government advocates.

**ICRC:** The Department with assistance from the ICRC conducted three workshops:

- Two-week Forensic Anthropology training for graduate students conducted by Dr. Derek Benedix.
- One-week training on Forensic Odontology training attended by dentists and forensic graduates was conducted by Dr. Jayanie Weeratna (APMLA member from Sri Lanka).
- Three-day workshop on Mortuary Practice was attended by 18 forensic professionals from around Nepal and was chaired by Dr. Uwom Eze.

### **MeLeSoN**

The faculty members at the Department have been instrumental in the establishment of MeLeSoN – the Medico-Legal Society of Nepal, which has been registered with the Ministry of Health and Population, Government of Nepal. Discussions are underway to develop training in Medical Certification of Cause of Death under the leadership of the Nepal Medical Council and the Nepal Medical Association. The Department became an institutional member of APMLA – Asia-Pacific Medico-Legal Agencies.

# INPALMS NEWS

## Dear APMLA members,

The OC invite all of you to attend 12th Indo - Pacific Association of Law, Medicine and Science (INPALMS) Congress 2016.

**Venue** : The Stones Hotel Legian, Denpasar, Bali,

**Time** : 19th - 23rd September 2016,

with Pre-Congress Workshops on 17th – 18th September 2016.

**Theme** : Protection of Society from Crimes, Terrorism and Human Rights Violation

### Keynote:

- a. Prof. Stephen Cordner (Australia): Networking and Global Cooperation among Forensic Pathologists and Scientists
- b. Prof. Angel Carracedo Alvarez (Spain): Recent Advances in Forensic DNA Technology
- c. Prof. Michael Thali (Switzerland): Recent Advances in Virtual Autopsy and Virtobot
- d. Prof. Thomas Noguchi (USA): Medical Ethics in Forensic Pathology and Science

Plenary session : consisted of 18 speakers with presentation on different aspects of forensic medicine, forensic science and health law. The speakers of plenary are Dr. Stef Stienstra (Netherland), Prof. Antony T Tu (USA), Prof. Prasanta Kumar Chattopadhyay (India), Prof. Douglas Ubelaker (USA), Prof. Toshiko Sawaguchi (Japan), Prof. Korkut Mete Gulmen (Turkey), Prof. Sherein Ghaleb (Egypt), Prof. HeeSun Chung (Korea), Prof. Phillip Beh (Hong Kong), Dr. Eddy de Valck (Belgium), Prof. Duarte Nuno Vieira (Portugal), Prof. Santo Davide Ferrara (Italy), Dr. Nak Eun Chung (Korea), Prof. Masaki Q Fujita (Japan), Prof. Vina Vaswani (India), Khunying Porntip Rojanasunan (Thailand), Dr. Djaja Surya Atmadja (Indonesia), and Dr. Mohammad Shah Mahmood (Malaysia).

With more than 20 parallel workshops on many topics (on 17th, 18th and 21st September 2016), symposiums, free papers and poster presentation, it will be a valuable event to share the knowledge and experience among the experts. Registration, abstract submission, workshop submission and tour registration will be open online on our website: <http://www.inpalms2016bali.com>.

**We look forward to welcome you in 12th INPALMS  
Congress Bali, 17th – 23rd September 2016  
Chairman of 12th INPALMS Congress 2016 Bali  
Dr. Djaja Surya Atmadja, Forpath, PhD, JD, DFM**



# ASFM 2016 BRIEF

The 5th Annual Forensic Conference of the African Society of Forensic Medicine (ASFM) took place in Yamoussoukro, Cote d'Ivoire from 1st to 5th of March 2016. There were over 200 participants from 26 countries with 21 African countries represented. The theme of the conference was **"Conflict resolution in Africa: the Role of Forensic Medicine"**.

Highlights of the conference included the following:

- Full integration of the Francophone countries into the ASFM with constitutional considerations to accommodate French as a second language of communication at events.
- Original articles by African practitioners in both Franco and Anglo phone African countries communicated and invited speakers from around the world made presentations on topics related to the theme of the conference.
- A special workshop by the International Committee of the Red Cross on the topic: "Management and Identification of Human Remains with Emphasis on Deceased Migrants and Evaluation and Documentation of Injuries in Detention"
- A resolution ASFM Congress to actively seek the engagement of African Union (AU) through strong advocacy at the centre for governmental and institutional support to forensic medicine and science Africa, and a recognition of the use of forensic tools in addressing relevant challenges in Africa especially in conflict situations towards proper management of the dead and forensic human identification. Furthermore, the ASFM booklet on Minimum Standards for Forensic Medicine in Africa was adopted as a reference guide for practice by members in their respective countries.
- Recognition of individuals and organisations that have contributed actively in supporting the ASFM over the years since inception. Prof. Stephen Cordner of the Victorian Institute of Forensic Medicine (VIFM) Australia, Dr Luis Fondebrider of the Argentine Forensic Anthropology Team (EAAF), and Dr Morris Tidball-Binz of the International Committee of the Red Cross (ICRC), Geneva, were specially honoured for their steadfast engagement and support to the ASFM both in their individual capacity as members of ASFM Board of Trustees (BOT) and as representatives of their respective organizations, which have supported ASFM programmes and activities.
- The Biennial General meeting (BGM) and election of new ASFM Executive Council (EXCO) for the 2016-2018 tenure. Members of the new ASFM EXCO include the following:
  1. Dr. Johansen Oduor (Kenya): Chairperson
  2. Dr. Uwom Eze (Nigeria): Deputy Chairperson
  3. Dr. Donna Nyamunga (Kenya): General Secretary and Head of Secretariat
  4. Dr. Cedric Egnonwa Bigot (Benin Republic): Assist General Secretary
  5. Dr. Olivier Gilbert Ngongang (Cameroon): Financial Secretary
  6. Prof Arun Agnihotri (Mauritius): Newsletter Editor
  7. Prof Helen YapoEte (Cote d'Ivoire) : Membership Officer
  8. Prof Williams Odesanmi (Nigeria): Ex-Officio

The 2016 ASFM conference was supported by our traditional allies, the VIFM, EAAF and ICRC, and by the government of Cote d'Ivoire, which was a promising sign for the future of forensic practice in Africa.

Finally, South Africa was awarded the host for 2017 Annual Forensic Conference of ASFM at Bloemfontein, the capital city of the province of Free State of South Africa. The "city of Roses" blooms at ASFM Bloemfontein 2017 in the second week of March 2017.





## Member Profile

# Yenepoya University and Department of Forensic Medicine



India's Yenepoya University commenced in 1991 as the Islamic Academy of Education. It was established by a group of Muslim benefactors in the South Canara District and the neighbouring state of Kerala, to address a regional gap in higher education, particularly in health fields. The Academy established a Dental College in 1992, and a Medical College in 1999. Physiotherapy and Yenepoya Nursing Colleges were established at Yenepoya in 2003 and 2004. Yenepoya University was accorded university status in 2008 and was awarded NAAC Grade A, by the National Accreditation and Assessment Council. The University aims to improve the educational status of minority communities in general and the Muslim community in particular. Yenepoya offers graduate, postgraduate, and PhD courses in all four medical streams.

The Yenepoya University campus is built across 36 acres of a lush green eco-friendly environment. The campus has the largest rain water harvesting pond in the south of India. The 1,500-bed teaching hospital provides tertiary level health care at very affordable rates to local and neighbouring communities. Medical and dental specialty camps are conducted at the doorstep of communities that would otherwise find it difficult to access this level of health care. In keeping with the university's social responsibility objectives, the University has adopted two villages and runs 21 sub-centres based in rural areas.

**Forensic medicine:** The University's Department of Forensic Medicine is vibrant and active. The Department provides round the clock mortuary services and clinical forensic medicine services. The Department has developed an innovative Postgraduate Diploma in Forensic Anthropology, and also teaches undergraduate, postgraduate and doctoral programs. The PG Diploma in Forensic Anthropology is the only course of its type in India. The program was initiated by Department Head, Professor Vina Vaswani, following her participation in Justice Rapid Response training in Korea, Air Crash Simulation and Disaster Victim Identification (DVI) training conducted by Asia-Pacific Medico-legal Agencies (APMLA) in 2013 and DVI training coordinated by CIFS Thailand.

## Yenepoya University





Dr. Luis Fondebrider, Dr. Mercedes Salado and Ivana Wolff from Equipo Argentino de Antropología Forense (EAAF) teach the disaster victim identification module. Renowned Indian experts in anthropology deliver the module on anthropometry and somatometry, and a national expert in forensic odontology teaches this component. This course commenced two years ago.

**Centre for Ethics:** In 2011 the Department established a Centre for Ethics, which is unique among India's health education institutions. The Centre focuses on teaching and research in bioethics. The Centre offers postgraduate diplomas in Bioethics and Medical Ethics and Clinical Ethics. The latter program is delivered in collaboration with the Department of History, Philosophy and Ethics in Medicine, Johannes Gutenberg University, Mainz, Germany. When the Centre began, there were very few ethics experts in India. Thanks to the Centre, India now has more than 80 bioethics-trained health care professionals. The Centre runs an annual week-long intensive workshop on ethical issues in biomedical research. This program is aimed at training ethics committee members on the ethical issues in research involving human subjects, and has attracted more than 150 participants to date. The National Institute of Health, Bethesda, USA recently awarded an educational research grant to the Centre for the development of a Research Ethics Master's program to meet India's research requirements.

The Centre collaborates with local, regional and international institutions. Collaborators include the Johannes Gutenberg University, Mainz, Germany; Duquesne University, Pittsburgh, USA; Hacettepe University, Turkey and Panamericana Mexicana, Mexico and the Department of Criminology Roshni Nilaya Mangalore, India.



**Faculty Department of Forensic Medicine and Toxicology (2015)**



## **New Bachelor and Master Degree program in Police Science developed by the University of Kelaniya in Sri Lanka**

Academics from the Department of Forensic Medicine, Faculty of Medicine at the University of Kelaniya in Sri Lanka have developed an innovative multidisciplinary degree course in Police Science. The program for senior police officers who are law enforcement leaders and managers takes into account Sri Lanka's post-conflict context. The nation is focusing on reconciliation and building harmony between communities. A Memorandum of Understanding between the University of Kelaniya and the National Police Academy was signed on 14th August 2015 for this project. Curricula have been developed and the National Police Academy is planning to enroll its first within a few months. The initiative is seen as a great achievement in education for Sri Lankan police officers.

Police officers are first responders to crime as well as national protectors of law and order. They need to be expert in the law, current investigative techniques, management and leadership, communication, and conflict resolution and negotiation skills. The Bachelor level program focuses on the development of communication skills, conflict resolution, mass media management, and perpetrator and victim management with a greater understanding of the psychology involved. A module on Sexual and Gender-based Violence (including child abuse) is also included in the program. Core topics include criminology, law, forensic medicine; forensic science and crime investigation and crime profiling.

Police officers who undertake the degree program will be better equipped and qualified to meet the challenges of modern policing.

Development has also started on curricula for the Master in Police Science program which will be open to applications from senior police officers from the region. Sri Lanka warmly welcomes APMLA cooperation and collaborations in teaching and training especially those that offer new technology and skills to police officers in the region.



Academics from the universities, Senior Police officers and Police officers from Scottish Police training school in the workshop to plan for the new degrees.





# **Working Group Progress Reports**

## APMLA Working Group: Advocacy for Forensic Medical Development in the Asia Pacific

### Approach:

The advocacy approach will be considered on two levels: at an organisation to organisation level and then in terms of resource development for APMLA member institutions to support advocacy for capacity development in their own jurisdictions.

1. Consider the role for the APMLA in liaising with and influencing international organisations such as the ICRC, ASEANAPOL, INTERPOL, the WHO, and the UNODC and develop agreed APMLA priorities.

For example encourage ASEANAPOL to consider the promotion of first responder training in Dead Body Management to its 10 country-member police forces. APMLA member institutions may be able to play a role in training police in their jurisdictions.

2. Develop advocacy materials which can be used by member institutions to lobby Governments and other donors for improved forensic medical resourcing and better policy outcomes in their own jurisdictions.

### Objectives:

1. To facilitate mutually productive relationships between APMLA and its members and relevant international organisations.
2. To support APMLA members in the development of improved advocacy skills and materials for better resourcing in their own nations.

### Work Plan

- Draft proposed forensic medical capacity development priorities that are relevant to each of the international organisations ICRC; ASEANAPOL; INTERPOL; WHO; and UNODC and outline the possible role for the APMLA and method of approach. Provide to the Executive Committee for consideration.
- Identify core forensic medical training or infrastructure priorities such as mortuary upgrades and training in medico-legal reporting and provision of expert opinions and prepare generic papers which outline the benefits to the justice system, the community which can then be tailored to meet individual jurisdictional requirements and language ( no. of staff to be trained and cost etc.). Provide draft documents to the Executive Committee for comment.

### Outputs:

- \*Improved mutually beneficial relationships between the APMLA and its members and identified international agencies.
- \*Improved institutional capacities.
- \*Better understanding by relevant portfolios (Justice and Health) of the role of forensic medicine.
- \*A set of materials that outline the community, health and justice system and disaster preparedness benefits of having robust forensic medical systems and trained professional staff.

### Progress:

- \*Proposal submitted to Australia-ASEAN Council for development of Dead Body Management training for ASEAN police first responders.
- \*Draft advocacy paper on the role of forensic medicine distributed to Working Group members for comment.



## APMLA Working Group : Planning For Temporary Storage Workgroup (PFTS WG)

### Terms of Reference (ToR):

- a) Action plan For Temporary Body Storage in the Asia Pacific Region;
- b) To create an action plan to be used as a standard protocol;
- c) Preparation of forensic expert in Asia Pacific region; and
- d) To streamline the services provided by forensic expert.

### Members of PFTS WG:

1. *Dr. Mohd Suhani Mohd Noor - (Leader) -Malaysia;*
2. *Dr. Mohamad Azaini Ibrahim -Malaysia;*
3. *Dr. Mohd Ilham Haron -Malaysia;*
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## REPORT

**Ref No: PFTS WG APMLA**

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**Currently, PFTS WG APMLA is concentrating on two aspects:**

- 1.1 Promoting the PFTS WG APMLA in Kuala Lumpur 2016.
- 1.2 Planning for Implementation of the Topic and Terms of Reference under the workgroup.

### Project Committee

Members of **PFTS WG** are comprised of:

1. Team Leader of PFTS WG.
2. Three selected committee members.

### Organization

Asia Pacific Medico Legal Agencies

### Background

1. In recent times unforeseen calamities have occurred causing tragic loss of lives, such as the catastrophic earthquakes in Haiti and Chile which happened early this year and the devastating floods that struck China and Brazil in June.
2. One of the most difficult tasks in the disaster management procedures is the identification of dead bodies. This is primarily due to the oftentimes massive number of fatalities and also the unrecognisable state of the bodies that make it more difficult to identify the victims of the disasters. As a consequence, the need for adequate and suitable temporary body storage becomes paramount for any DVI operation.
3. Priority shall naturally be given to managing the living, and with the infrastructural damage and disruption of local government services from the disaster, many countries, namely underdeveloped or developing countries, will be hard-pressed to deal with temporarily storing and identifying the dead. Unfortunately there has not been any standard protocol or action plan that can be followed between member countries to facilitate the setting up of temporary body storage in the event of a disaster.

## Objectives

1. To create the action plan to be used as a standard protocol in body storage management of the victims for the Asia Pacific region.
2. To prepare the forensic expert in the Asia Pacific region so that they can assign suitable equipment, personnel and acquire necessary facilities if they are needed.
3. To streamline the services provided by the forensic expert in the Asia Pacific region so that they can keep abreast of the latest developments in both scientific and social contexts.

## Aim

Representatives from all participating countries are able to participate in the preparation of the action plan. The action plan will be customized so that it will be practical and suitable for all member countries even in the hostile terrains.

## Project Timeline

### 1. Preparation stage (Oct 2015 – June 2016)

1. Submit the project proposal to the APMLA Board Members.
2. The APMLA Board Members approve the project and form a committee comprising 4 selected members.
3. Disseminate the information regarding the project blueprint to the committee and also to the APMLA in all member countries.

### 2. Operation stage (Jul 2016 – Dec 2016)

1. Team leader and the members of the workgroup will study and gather the information from the forensic bodies of the member countries in terms of the current level of preparedness on body storage management.
2. Organize the APMLA meetings in Kuala Lumpur (2016) and APMLA 2017.
3. Organize 1 stbody storage workgroup meeting during APMLA meeting in Kuala Lumpur (2016).
4. Organize 2 stbody storage workgroup meeting and workshop during APMLA meeting and INPALM (2017).

### 3. Implementation stage (Jan 2017– Sep 2017).

1. The PFTS WG will study and gather the information regarding the PFTS management from the allied countries in the Asia Pacific region, Interpol and the United Nations (UN).
2. The PFTS WG will provide a draft proposal to be circulated to member countries after the APMLA meeting in 2016 (Jan 2017).
3. Modify the action plan s, upon inquiries (Jul 2017).
4. PFTS WG in 2017 plan to hold a roundtable discussion by Experts to discuss "Action Plans for PFTS in the Asia Pacific Region". The roundtable will include relevant experts from foreign and local agencies including the Interpol, WHO and ICRC.
5. The PFTS WG will present the action plan for implementation during the INPALM 2017.
6. The PFTS WG plans to hold a workshop on "PFTS in the Asia Pacific Region" during the INPALM 2017.

## Total Duration

3 Years (Sep 2015 - Sep 2017)



## **Budget**

The budget will be allocated to be used in the following situations:

1. To organize the APMLA 2016 in Kuala Lumpur. N.B. The funds for reimbursing the quest speakers, as well as for meals and coffee breaks will be sponsored by host countries.
2. To organize meetings for the committee members of PFTS WG at the annual APMLA in the Kuala Lumpur 2016 and APMLA 2017.

## **Project Timeline**

### **Benefits**

Create an alliance between APMLA and pertinent organizations in member countries once it is promulgated. The action plan will lay the foundation for seamless Temporary Storage among the member countries in terms of alleviating difficult situations in their homelands and also providing supports for the affected allied countries.

### **Follow-up and Evaluation**

1. All member countries agree with the action plan created and widely disseminate the information in their own countries.
2. Standard practice will be carried out regularly to make sure that the action plan is pragmatic and up-to-date.

**DR. MOHD SUHANI MOHD NOOR**  
**PFTS WG Team Leader**



# APMLA Working Group :

## Medico-Legal Investigation of Sexual Violence

### The objectives of the group are:

- To increase the capacity of forensic doctors in the Asia Pacific region to undertake the ML investigation of SV in adults and children.
- To disseminate resources and guidelines that assist doctors in the investigation of SV ( Sexual assault examination kits, specimen collection guidelines, body diagrams, examination guidelines, chain of evidence, report pro formas).
- To educate related agencies ( police, prosecutors and the Judiciary) about the myths of sexual violence



### Proposed Work Plan:

- Encourage universities in the Asia Pacific Region to include medico-legal investigation of sexual assault and appearing as an expert witness to undergraduate or post graduate medical training programs. - Develop a process for going about this ( June 2016)
- Encouraging Health or Justice Departments (depending on which is the relevant employer) to provide specialist training for the doctors who undertake this work. Develop common advocacy materials that can be localised for different jurisdictions ( July 2016)
- Using APMLA annual meetings to focus on this topic (as per the INPALMS mtg in September.
- Encourage APMLA members to write papers and give lectures in their own jurisdictions and at conferences on this topic. ( Include use of the APMLA Newsletter)
- Identify readily available resources and make them available to APMLA member institutions for translation/ localisation such as the WHO Guidelines for medico-legal care for victims of sexual violence) by August 2016.
- Develop agreed presentation materials to enable APMLA members offer to provide lectures for police (as part of the police training process), prosecutors and the judiciary on the ML of SV. November 2016.



## **APMLA Working Group :**

### **International Assistance and Co-Operation during Disasters**

There are very few nations which can cope with the demands of a major disaster and international assistance can make a major contribution to effective disaster response. When foreign nationals are victims of a disaster, expert assistance can be welcomed in the DVI process within the guidelines outlined below.

International assistance may be in the form of logistics support, funding or manpower resources. All international offers of DVI assistance should be coordinated through the relevant embassy, high commission or consulate. Individual/personal requests should not be considered by the local authority.

To ensure that the international assistance being offered is sufficient and appropriate, all communication should be coordinated through the central DVI Operations Centre. In relation to management of the dead the Specialist in Forensic Medicine (SFM) is responsible for logistical management and resource requirements for the DVI teams in a timely manner to avoid confusion and duplication.

#### **DVI Equity Principle**

Every deceased person (national or non-national) should be treated equally without prejudice according to the principles defined in International Humanitarian Law regarding the dignity of the dead in catastrophes and other traumatic situations. The host nation's human identification protocols and the agreed method(s) of identification for all victims will also apply. Humanitarian principles, based on international guidelines and recommendations can be referenced where there is no local approach to human identification. The in-charge SFM is encouraged to liaise with international colleagues in nations with missing victims. Through early discussions agreement can then be reached promptly on forensic strategies to be exercised in the identification of victims.

Domestic and international legal framework reconciliation attention must be given to local laws and customs, including the laws for forensic practices in affected countries, which will affect the identification procedures and the issue of legal documents (death certificates, forensic reports). It may be necessary to establish mechanisms to facilitate international cooperation on these matters.

#### **Approval Process**

The nation's relevant approval processes must be identified and followed to ensure that international DVI team members have the requisite approvals from the relevant Ministries before commencing operational work. The identification of the process and approvals required for international DVI teams can be identified as part of disaster preparedness planning. The SFM must check that these approvals are in place prior to involving international DVI team members in the identification process under the national protocol. However final decisions on the identification of the victim remain the responsibility of the in-charge SFM and the relevant legal authority.



## **Re-examination**

International DVI teams will be allowed to re-examine a deceased person only if it is deemed necessary by the SFM. Any re-examinations must be conducted in the presence of the in-charge SFM. When (non- national) law enforcement officers collaborate in the DVI process they will have not have any legal powers. They will be considered to be guests of the host police authority.

## **Documentation**

When a non-national victim is identified to the satisfaction of the relevant authority the relevant embassy and the local registrar of deaths will be requested to issue a Death Certificate.

All original identification support documentation for the deceased will remain property of the host national Government but copies of the identification records will be provided to the respective international DVI team representative and embassies for their records.

## **Repatriation**

All repatriation arrangements are to be made by the relevant embassy and related information must be provided to the SFM to enable body release.

## **International organizations**

Establishing links and understanding with organisations that can be helpful in responding to mass casualty events is an important part of disaster preparedness. The APMLA network of forensic specialists and institutions in the region can assist in the provision of forensic expertise in disaster situations. This may include outsourcing services where appropriate. While it is important to develop partnerships with forensic organizations, it is also important to liaise with relevant regional state organizations such as ASEAN. Many of international organisations such as Physicians for Human Rights, the International Commission on Missing persons, INTERPOL and the International Committee of the Red Cross (ICRC) have extensive experience in the application of forensic science to investigating the missing and human identification, albeit with a component of criminal investigations. Special attention should be given to developing formal cooperation agreements with these organisations to facilitate productive communication and coordination in the event of disasters.

It is important to develop a 'map' of relevant international organizations present in the region, which details their specific expertise, role and capabilities for providing support in disasters.





## APMLA Working Group : Management of Body Parts

**Objectives:** To propose international best practice for the management of body parts following mass disasters.

**Work plan:** Has already being sent (published in the last newsletter)

### Proposed Outputs:

1. To draft guidelines/best practice methods in the management of body parts following mass disasters.
2. To make a presentation at the next APMLA meeting on international best practice for the management of body parts following mass disasters

### Progress to date.

The first draft of the proposed document on “international best practice for the management of body parts following mass disasters” has been circulated among the subcommittee members and it is being reviewed. The second draft will be ready by 31st March 2016 to be circulated to all the subcommittee members.





# APMLA working group: TRAINING FOR TRAINERS AND TRAINING FOR FIRST RESPONDERS IN ASIA-PACIFIC REGION

## Members of the working group:

- Prof. Noel Woodford - Australia;
- Dr. Mohd Shah Mahmood- Malaysia;
- Dr. Evi Untoro-Indonesia;
- ICRC representative - Mr. Adres Patino - Co-leader;
- Dr. James Kalougivaki - Leader - Fiji.

## INTRODUCTION

Forensic Victim Identification particularly in mass casualty events, plays a pivotal role in providing support, justice and access to burial rites for the relatives and friends of the deceased. The ability of first responders to undertake dead body management in affected areas provides a foundation for dignified care for and identification of the dead.

In order to avoid disorganized and haphazard approaches to mass victim identification, appropriate organizations must take responsibility for incident planning and the training of personnel in the proper recovery of dead bodies. It is important that first responder training is standardized and based on accepted best practice. The first responders most likely to be involved dead body retrieval following mass casualty events most commonly comprise members of the Armed Forces, Police or Fire and Emergency services, however these services have not usually received dedicated training in dead body management.

To facilitate training for first responders, appropriate national and international organizations must be identified who can provide logistical and other support for proposed training programs, and local resource capacity constraints must be taken into account.

This paper considers strategies to enable appropriate training for first responders and train-the-trainer programs for the Asia-Pacific region with support from the APMLA and cooperation with relevant organizations such as the ICRC and the WHO.

## OBJECTIVES

1. Identify existing first responder training resources and curricula;
2. Identify the broad groups of first responders (as strategies may need to be tailored differently for each): Armed Forces, Police, NGO's etc.;
3. Develop strategies for APMLA member institutions to promote training for first responders with key decision makers (e.g. advocacy materials showing benefits of proper first response to ID outcomes). Including Interpol/ASEANAPOL;
4. Identify potential training providers in the region (e.g. forensic institutions, ICRC).

## DISCUSSION

### **1. Identify existing training resources and curricula.**

The “WHO/ICRC Management of Dead Bodies after Disasters: A Field Manual for First Responders” should be the main resource for train-the-trainer programs as well as for training for first responders. This text is readily available, the procedures are simple to implement, and specific reference is made to the variability of resource capacity in the different jurisdictions or countries of the Asia Pacific region. Additionally the Manual is available in Malay and Bahasa Indonesia as well as English.

### **2. Identify the broad groups of first responders.**

The groups of first responders eligible for training must be closely aligned to the appropriate Command and Control Authority to ensure law and order are maintained during the process of dead body retrieval and management. Therefore, it is argued that members of the Armed Forces and Police Forces should have priority in this training.

Other relevant agencies with capacities to support the retrieval of dead bodies include national Red Cross societies, NGO's, Interpol, and ASEANAPOL.

**3. Develop strategies for APMLA member institutions for the promotion of train-the- trainer programs and training for first responders with key decision makers (e.g. advocacy materials showing benefits of effective first response to ID outcomes). Including Interpol/ASEANAPOL.** A two or three - day program on Dead Body Management for First Responders delivered by select trainers from APMLA member Institutions should be developed as a first step to delivering train-the-trainer programs for first responders.

APMLA member Institutions have an important role in liaising with the ICRC and, if relevant, WHO agencies to notify relevant authorities (including police and army) of the availability of first responder training. Training would ideally be conducted once or twice annually for the cohort of trainers who will go on to train larger groups with in their services. Other stakeholders such as Interpol and ASEANAPOL should be involved where relevant. A training program is annexed below.

### **4. Identify potential training providers in the Asia-Pacific region (e.g. forensic institutions, ICRC).**

ICRC, the VIFM and APMLA Member Institutions should all play a role in development of training materials and delivery of training (where possible) in the Asia-Pacific region.



# CONSIDERATIONS

**The following are some important considerations before the training is commenced:**

## 1. Awareness-raising and sensitization

Is a short presentation on the principles and practice of management of the dead aimed at raising awareness amongst appropriate authorities about the importance of dedicated training in dead body management. This could be delivered by someone without forensic expertise.

## 2. Training

Is a structured activity, including theory and practice, aimed at improving understanding of key concepts of the management of the dead enshrined in PAHO/ICRC/IFRC Manual and at changing practices of trainees. It should be delivered by qualified forensic experts.

## 3. Training of trainers

Is an even more structured and long-term activity aimed at providing trainees with the theoretical and methodological tools for delivering standardized capacity-building to a large number of local stakeholders. This should be delivered by qualified forensic experts and trainers and should include a long-term commitment and investment, aiming towards sustainability of the project.

## OUTCOMES

1. To develop a Train-the-Trainer Dead Body Management program for First Responders in 2016. To trial this program with a relevant agency, ideally ASEANAPOL. Refine the program based on feedback and disseminate through ASEANAPOL, the ICRC and APMLA member institutions. Trial training for first responders in first quarter 2017.
2. Encouragement of the involvement of appropriate first responder services in respective countries.
3. Improved national and regional coordination of Dead Body Management in mass casualty disaster scenarios.
4. Involvement of key stakeholders in training.

## TRAINING PROGRAMME (Changeable)

### 1. Levels of training:

Advanced: Training of Trainers;

Basic: Training of first responders.

### 2. Advanced training:

|                        |                          |                        |
|------------------------|--------------------------|------------------------|
| <u>Region covered</u>  | <u>Asia region</u>       | <u>Pacific region</u>  |
| <u>Venue</u>           | Kuala Lumpur, Malaysia   | Melbourne, Australia   |
| <u>Training period</u> | Proposed September, 2016 | Proposed October, 2016 |

### 3. Basic Training:

Basic training will be conducted by the trained trainers for first responders in their respective nations and if there is a need for assistance the appropriate bodies could sponsor the training or technical expertise.

### 4. Materials or resources:

- Management of Dead Bodies after Disasters: A Field Manual for First Responders (WHO and ICRC);
- Other materials that may be designed by the training providers.